

# High Firs Primary School

*Headteacher*

Mr C Turtle BA Hons PGCE NPQH

*Deputy Headteacher*

Miss C Rennie BA(Ed) Hons



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12<sup>th</sup> September 2018

Dear Parents

## **Year 4 visit to Hall Place**

To support the children's curriculum learning on living in Tudor times, I am pleased to confirm that we have arranged for Year 4 to visit Hall Place at Bexley on Monday 8<sup>th</sup> October, when they will have the opportunity to take part in a fantastic "Tudor Lifestyles" day to find out how life compared for the rich and poor in Tudor times.

We will take part in themed Tudor workshops and will also explore the Tudor house and grounds. The children will need to wear normal school uniform with appropriate footwear and to remember to bring a coat as we will be outside for some of the day. All children will need to bring a packed lunch and drink.

We will be travelling by coach to and from Hall Place within the normal school day and the children will be accompanied by me and Mrs McCabe, along with other supervising school staff and volunteers.

The cost of the day is £10.50 per child; we are very grateful to the Friends of High Firs whose kind donation has reduced the £13.50 original cost of the trip by £3 per child. If you are willing for your child to participate, please return the form attached with your voluntary contribution of £10.50 by Monday 24<sup>th</sup> September. If you have any queries, please do not hesitate to contact us.

Yours sincerely

A handwritten signature in black ink, appearing to read "C. Rennie".

Miss C Rennie



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## PARENTAL CONSENT FOR A SCHOOL VISIT

Please complete & return by Monday 24<sup>th</sup> September

<b>Visit &amp; Date</b>	HALL PLACE - Monday 8 <sup>th</sup> October 2018
I agree to my child participating in the above visit as per the details on the accompanying letter or information sheet. I agree to my child's participation in the activities described and acknowledge the need for them to behave responsibly.	
<b>Child's Name</b>	
<b>Child's Date of Birth</b>	
<b>Child's Full Address</b>	
<b>Emergency Contact Information</b>	Name: _____ Relationship to child: _____ Mobile telephone: _____ Home telephone: _____ Work telephone: _____ Home address: _____
<b>Alternative Emergency Contact Information</b>	Name: _____ Relationship to child: _____ Mobile telephone: _____ Home telephone: _____ Work telephone: _____ Home address: _____
<b>Medical Information</b>	Does your child have any condition (including allergies) which may require medical treatment, including medication? If YES, please give details below and completed the separate medication form if appropriate.  
<b>Doctor's Information</b>	Name of family Doctor: _____ Telephone: _____ Address: _____

continued overleaf...



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<b>Photograph Permission</b>	I give permission for my child to be photographed and/or filmed whilst on the visit and understand that these photographs may be used for school or publicity purposes, including website use.
<b>Declaration</b>	I agree to my child receiving any medication as instructed and for any emergency dental, medical or surgical treatment (including anaesthetic or blood transfusion) as considered necessary by a First Aider or medical authorities present. I understand the extent and limitations of the insurance cover provided.
<b>Parent's Signature:</b>	<b>Name in Capitals:</b>
_____	_____
<b>Date:</b> _____	

**Protecting your data:**

*This data will be kept securely and used for the duration of the educational visit.*

*It will be retained for a period of one month afterwards in case of any queries before being destroyed.*



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